| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF MARYLAND | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued | Ronald First name | First name | |
| | picture identification (for example, your driver's | James | | |
| | license or passport). | Middle name | Middle name | |
| | Bring your picture | Gordon | | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1416 | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 2 of 47

| De | Debtor 1 Ronald James Gordon Case number (if known) | | | | | | | |
|---|---|---|--------|--|--|--|--|--|
| | | | | | | | | |
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| 4. Your Employer Identification Number (EIN), if any. | | | | | | | | |
| | (Liv), ii diiy. | EIN | | EIN | | | | |
| 5. | Where you live | here you live | | If Debtor 2 lives at a different address: | | | | |
| | | 837 Mount Royal Avenue Cumberland, MD 21502 | | | | | | |
| | | Number, Street, City, State & ZIP Code | | Number, Street, City, State & ZIP Code | | | | |
| | | Allegany | | | | | | |
| | | County | County | | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing this district to file for | Check one: | | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 3 of 47

| Deb | otor 1 Ronald James Go | rdon | | | | Case number (if known) | | | |
|-----|--|---|------------------------|---|--|---|-----------|--|--|
| | | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bankru | iptcy Ca | ase | | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to the under | Chapte | r 7 | | | | | | |
| | | ☐ Chapte | r 11 | | | | | | |
| | | ☐ Chapte | r 12 | | | | | | |
| | | ☐ Chapte | r 13 | | | | | | |
| 8. | How you will pay the fee | abou orde | t how yo r. If your | ou may pay. Typically, if yo | ou are paying the fe | check with the clerk's office in your local court for more be yourself, you may pay with cash, cashier's check, or behalf, your attorney may pay with a credit card or che | money | | |
| | | | | | | option, sign and attach the Application for Individuals to | o Pay | | |
| | | | · | ee in Installments (Official l | , | ption only if you are filing for Chapter 7. By law, a judg | o mov | | |
| | | but is | s not req es to yo | uired to, waive your fee, a ur family size and you are | nd may do so only ind may do so only in unable to pay the fe | ption only if you are filling for Chapter 7. By law, a judg if your income is less than 150% of the official poverty ee in installments). If you choose this option, you must Official Form 103B) and file it with your petition. | line that | | |
| 9. | Have you filed for | ■ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | ■ No. | Go to I | line 12. | | | | | |
| | residence. | ☐ Yes. | Has yo | our landlord obtained an e | viction judgment ag | ainst you? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial Staten</i> this bankruptcy petition. | nent About an Evict | tion Judgment Against You (Form 101A) and file it as p | oart of | | |
| | | | | | | | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 4 of 47

| Der | Ronald James Go | nuon | | | Case Humber (# Known) | | | |
|-----|---|----------------------|--|--|---|---|--|--|
| Dos | Donort About Any Ru | | Van Our | n ao a Sala Dramist | | | | |
| | Report About Any Bu | ısınesses | You Ow | n as a Sole Propriet | or | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Nam | e and location of busi | iness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Nam | e of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Num | ber, Street, City, Stat | e & ZIP Code | | | |
| | it to this petition. | | Chec | ck the appropriate box | x to describe your business: | | | |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | • | efined in 11 U.S.C. § 101(53A)) | | | |
| | | | | | r (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| | | | | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of small | proceed you are o | under Suchoosing v stateme)(B). I am | ubchapter V so that it to proceed under Sul ent, and federal incom not filing under Chap | | , .C. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, a d under Subchapter V of Chapter 11. | nd | | |
| | | ☐ Yes. | | | 11, I am a debtor according to the definition in \S 1182(1) of the Bankruptcy Code, and Subchapter V of Chapter 11. | I | | |
| Par | t 4: Report if You Own or | Have Any | / Hazard | ous Property or Any | y Property That Needs Immediate Attention | | | |
| 14. | property that poses or is alleged to pose a threat of imminent and | ■ No. | What is | the hazard? | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs | | If imme | diate attention is | | ebtor or perations, in 11 U.S.C. ankruptcy Code, and | | |
| | immediate attention? | | needed | , why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | is the property? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | | |
| | | | | | | | | |

Debtor 1 Ronald James Gordon

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 24-12050 Doc 1 Filed 03/11/24 Page 6 of 47

| Deb | otor 1 Ronald James Go | rdon | | Case number | er (if known) | | | | |
|-----|--|---|---|--|---|--|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | | | |
| | What kind of debts do you have? | 16a. | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | | ness debts? Business debts are debts nent or through the operation of the bus | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or busines | ss debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. (| Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | ou estimate that after any exempt prop ble to distribute to unsecured creditors | perty is excluded and administrative expenses ? | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | 2 5,001-50,000 | | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 40,004.05.000 | ☐ 50,001-100,000 | | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | | |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| | | — \$500,0 | —————————————————————————————————————— | | · | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion | | | | |
| | to be? | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | | |
| | | | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | |
| Par | t 7: Sign Below | | | | | | | | |
| For | you | I have exa | amined this petition, and I declare | e under penalty of perjury that the inform | mation provided is true and correct. | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request | relief in accordance with the chap | oter of title 11, United States Code, spe | cified in this petition. | | | | |
| | | bankrupto and 3571 | cy case can result in fines up to \$2. | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | | ıld James Gordon James Gordon | Signature of Debto | or 2 | | | | |
| | | | of Debtor 1 | - | | | | | |
| | | Executed | | Executed on | | | | | |
| | | | MM / DD / YYYY | MM | 1 / DD / YYYY | | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 7 of 47

| Debtor 1 | Ronald James Gordon | Case number (if known) |
|----------|---------------------|-------------------------|
| DODIOI I | Nonaid James Gordon | Case Harriser (# known) |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Terri Ai | nn Lowery Attorney for Debtor | Date | March 11, 2024 MM / DD / YYYY | |
|------------------------|--|---------------|----------------------------------|--|
| Terri Ann Printed name | Lowery 10055 | | | |
| Trozzo & L | Lowery, LLC | | | |
| | Street nd, MD 21502 City, State & ZIP Code | | | |
| Contact phone | 301-759-4343 | Email address | terri@trozzo.com | |
| 10055 MD | rata | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 8 of 47

| E | in this inform | ation to identify your | | | | |
|---------------|---------------------------------|---|---|--|---------------------|-------------------------------|
| | | nation to identify your | | | | |
| Deb | otor 1 | Ronald James Go First Name | Ordon Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ban | kruptcy Court for the: | DISTRICT OF MARYLA | ND | | |
| Cas | e number | | | | | |
| (if kno | | | | | _ | c if this is an ded filing |
| | | | | | amen | ded ming |
| Off | ficial For | m 106Sum | | | | |
| | | | and Liabilities ar | nd Certain Statistical Information | | 12/15 |
| infor your | mation. Fill o original form | ut all of your schedul | les first; then complete th | e are filing together, both are equally responsible ne information on this form. If you are filing amen k the box at the top of this page. | | |
| Part | 1: Summa | arize Your Assets | | | | |
| | | | | | Your a | ssets of what you own |
| 1. | Schedule A/ 1a. Copy line | /B: Property (Official F s 55, Total real estate, f | form 106A/B) from Schedule A/B | | \$ | 149,000.00 |
| | | | | | \$ | 43,811.21 |
| | 1c. Copy line | e 63, Total of all propert | ty on Schedule A/B | | \$ | 192,811.21 |
| Part | 2: Summa | arize Your Liabilities | | | | · |
| | | | | | Your li | abilities |
| | | | | | | t you owe |
| 2. | | | Claims Secured by Property Imn A, Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 140,931.00 |
| 3. | | | Unsecured Claims (Officia 1 (priority unsecured claim | ll Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the | e total claims from Part | 2 (nonpriority unsecured of | elaims) from line 6j of Schedule E/F | \$ | 30,246.00 |
| | | | | Your total liabilities | \$ | 171,177.00 |
| Part | 3: Summa | arize Your Income and | d Expenses | | | |
| 4. | | Your Income (Official Fo | | ÷ I | \$ | 3,778.54 |
| 5. | | Your Expenses (Officia onthly expenses from I | | | \$ | 3,697.33 |
| Part | 4: Answer | r These Questions for | r Administrative and Stat | istical Records | | |
| 6. | • | • | ler Chapters 7, 11, or 13? t on this part of the form. C | heck this box and submit this form to the court with y | our other sc | nedules. |
| 7. | Yes What kind o | f debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159. | r a personal | , family, or |
| | | ebts are not primarily rt with your other scheo | | ve nothing to report on this part of the form. Check th | <i>is box</i> and s | ubmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Case 24-12050 Doc 1 Filed 03/11/24 Page 9 of 47

Debtor 1 Ronald James Gordon

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,092.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 24-12050 Doc 1 Filed 03/11/24 Page 10 of 47

| Fill in this informa | ation to identify | your case and th | iis filin | g: | | | | | |
|---------------------------------|---|--|-----------|---------------------------------------|--|---|------------------|--------------------|---|
| Debtor 1 | Ronald Jam | | | | | | | | |
| Dalutano | First Name | Middle | Name | | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | | Last Name | | | | |
| United States Banl | kruptcy Court for | the: DISTRICT | OF MA | RYLAND | | | | | |
| Case number | | | | | | | | | Object Williams |
| | | | | | _ | | | | Check if this is an amended filing |
| hink it fits best. Be | A/B: Pi parately list and d as complete and | roperty escribe items. List accurate as possible | e. If two | married people | an asset fits in more than on e are filing together, both are | equally resp | onsible for su | the c | ng correct |
| nswer every questi | on. | · | | | e top of any additional page: vn or Have an Interest In | s, write your r | name and case | e num | iber (if known). |
| | | | | | | | | | |
| . Do you own or na | ve any legal or ed | juitable interest in a | iny resid | dence, building | , land, or similar property? | | | | |
| ☐ No. Go to Part 2 | 2. | | | | | | | | |
| Yes. Where is t | the property? | | | | | | | | |
| | | | | | | | | | |
| 1.4 | | | \A/b.a | 4 io 4ho muomouts | w 2 or 1 Hu | | | | |
| 1.1 837 Mount I | Royal Avenue | | wna | | y? Check all that apply | | | | |
| | available, or other des | | | Single-family | nome Iti-unit building | Do not deduct secured claims or exemptions. Pu the amount of any secured claims on <i>Schedule L</i> | | | |
| | | | | I Condominium | or cooperative | Creditors Who Have Claims Secured | | cured by Property. | |
| | | | _ | • | or mobile home | | | | |
| Cumberlan | d MD | 21502-0000 | | Land | | Current va entire prop | | | rrent value of the rtion you own? |
| City | State | ZIP Code | | Investment pr | operty | · · · · · · · · · · · · · · · · · · · | 44,000.00 | • | \$144,000.00 |
| | | | | | | | | | wnership interest by the entireties, o |
| | | | | | t in the property? Check one | | e), if known. | апсу | by the entireties, of |
| | | | | Debtor 1 only | | Fee Sim | ple | | |
| Allegany | | | | Debtor 2 only | | | | | |
| County | | | | 200101 1 4114 | Debtor 2 only | □ Check | c if this is com | muni | itv propertv |
| | | | | | f the debtors and another | (see ins | structions) | | A 1-1 - 1-1-13 |
| | | | | er information y erty identificati | ou wish to add about this ite on number: | m, such as lo | cal | | |
| | | | Fxe | mntion - Va | alue less cost of sale | | | | |

Official Form 106A/B Schedule A/B: Property page 1

Case 24-12050 Doc 1 Filed 03/11/24 Page 11 of 47

| Debt | or 1 Ronald | d James Go | rdon | | Ca | se number (if known) | |
|-----------------------|--|--|---------------------------------|--------------|--|---|---|
| | If you own o | have more | than one, list | here: | | | |
| 1.2 | ii you owii oi | nave more | than one, no | | t is the property? Check all that apply | | |
| | Wyndham Re | | | | Single-family home | Do not deduct secured c | laims or exemptions. Put |
| _ | 10750 W Cha | rleston Blvd | d., #130 | | Duplex or multi-unit building | | ed claims on Schedule D: |
| | Street address, if av | ailable, or other des | scription | | | Creditors who have Cla | ims Secured by Property. |
| | | | | | | | |
| | | | | | Manufactured or mobile home | Current value of the | Current value of the |
| _ | Las Vegas | NV | 89135-0000 | _ □ | Land | entire property? | portion you own? |
| | City | State | ZIP Code | | Investment property | \$5,000.00 | \$5,000.00 |
| | | | | | Timeshare | Describe the nature of | your ownership interest |
| | | | | | Other | | nancy by the entireties, or |
| | | | | Who | has an interest in the property? Check one | a life estate), if known. | |
| | | | | | Debtor 1 only | Fee Simple | |
| | Clark | | | | Debtor 2 only | | |
| | County | | | | Debtor 1 and Debtor 2 only | — Chaok if this is see | |
| | | | | | At least one of the debtors and another | Check if this is con (see instructions) | nimunity property |
| | | | | Othe | r information you wish to add about this i | tem, such as local | |
| | | | | prop | erty identification number: | | |
| | | | | | | | |
| some 3. C a | one else drives. Irs, vans, truck No Yes Make: Che | If you lease a | | port it on S | an interest in the property? Check one | Do not deduct secured of the amount of any secure | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | Year: 201 | | | | • • | | 3 . 3 |
| | Approximate mi | | 100,000 | ☐ Debtor | 2 only 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information | | | | t one of the debtors and another | | |
| | Truck had re (repaired), very are rusted to | vheel well fe | enders | ☐ Check | if this is community property tructions) | \$8,200.00 | \$8,200.00 |
| | engine light gauge does broken and window cor | is on, oil pr n't work, co passenger | ressure nsole is and rear | | | | |
| 3.2 | | wasaki | | Who has a | an interest in the property? Check one | | claims or exemptions. Put ed claims on Schedule D: |
| | Model: KLI | R 650 | _ | ■ Debtor | 1 only | | nims Secured by Property. |
| | Year: 202 | 2 | | ☐ Debtor | 2 only | Current value of the | Current value of the |
| | Approximate mi | leage: | | | 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information | on: | | | t one of the debtors and another | | |
| | | | | | if this is community property tructions) | \$7,055.00 | \$7,055.00 |

| Ronald Jame | es Gordon Case number (if known) | |
|---|---|--|
| | or homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | | |
| ☐ Yes | | |
| | | |
| | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=> | \$15,255.00 |
| Part 3: Describe Your Person | and Household Itams | |
| | egal or equitable interest in any of the following items? | Current value of the |
| | | portion you own?Do not deduct secured claims or exemptions. |
| Household goods and fu Examples: Major appliance | urnishings ces, furniture, linens, china, kitchenware | |
| □ No | | |
| Yes. Describe | | |
| | Typical Household furnishings | \$400.00 |
| | 7 | |
| | Typical Household Appliances (w/d, refrigerator, stove) | \$300.00 |
| | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ophones, cameras, media players, games | collections; electronic devices |
| | Household electronics (computer, television, etc) | \$200.00 |
| other collection | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir ons, memorabilia, collectibles | n, or baseball card collections; |
| ☐ Yes. Describe | | |
| 9. Equipment for sports an Examples: Sports, photog musical instru ■ No □ Yes. Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | | |
| 10. Firearms Examples: Pistols, rifles □ No ■ Yes. Describe | , shotguns, ammunition, and related equipment | |
| — 100. D0301100 | <u></u> | |
| | (1) Taurus G2C \$147, (2) Glock 19 \$261, (3) Ruge 10-22 \$150, (4) Mossberg Shockwave \$300, (5) Mossbert 12 GA pump \$130, (6) Remington 7400 280 \$365 and (7) DelTon DTI-15 \$348 | \$1,700.00 |
| | | |
| 11. Clothes Examples: Everyday clo ☐ No | othes, furs, leather coats, designer wear, shoes, accessories | |

Official Form 106A/B Schedule A/B: Property page 3

Yes. Describe.....

Case 24-12050 Doc 1 Filed 03/11/24 Page 13 of 47

| Debtor 1 | Ronald James Gor | don | Case number (if known) | |
|---------------------------|---|----------------------|--|---|
| | Typic | cal Men's Clothing | 1 | \$100.00 |
| | Турк | | | |
| □ No | | ostume jewelry, enga | gement rings, wedding rings, heirloom jewelry, watches, gems, go | ld, silver |
| | Турі | cal Jewelry (watcl | n, rings, necklaces, earrings) | \$100.00 |
| Exam □ No | arm animals ples: Dogs, cats, birds, h Describe | orses | | |
| | Dog | (1) & Cat (1) | | \$2.00 |
| ■ No | ther personal and hous Give specific informatio | - | not already list, including any health aids you did not list | |
| | | | Part 3, including any entries for pages you have attached | \$2,802.00 |
| | escribe Your Financial Ass wn or have any legal or | | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | ples: Money you have in | | ome, in a safe deposit box, and on hand when you file your petition | 1 |
| | | | Cash | \$5.00 |
| Exam _i □ No | institutions. If you h | | ounts; certificates of deposit; shares in credit unions, brokerage hos with the same institution, list each. Institution name: First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; Account #9770-0001 | ouses, and other similar |
| | 17.1 | . Savings | (as of 1/31/24) | Ψ3.00 |
| | 17.2 | Checking | First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; Account #9770-0002 (as of 1/31/24) | \$37.87 |
| | 17.3 | . Savings | First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; Account #3380-0001 (as of 1/31/24) | \$10.50 |
| | 17.4 | . Checking | First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; Account #3380-0002 (as of 1/31/24) | \$64.73 |

Official Form 106A/B Schedule A/B: Property page 4

Case 24-12050 Doc 1 Filed 03/11/24 Page 14 of 47

| Debtor 1 | Ronald James Go | rdon | Case number (if known) | |
|-----------------------------|--|--|---|-----------------------|
| | 17.5 | s. Savings | Patriot Federal CU, PO Box 778, Chambersburg, PA 17201; Account #2319 (as of 12/31/23) | \$5.00 |
| | 17.6 | s. Savings | Chessie Federal CU, PO Box 689, Cumberland, MD 21502; Account #6521-0 (as of 1/31/24) | \$20.00 |
| | 17.7 | . Checking | Chessie Federal CU, PO Box 689, Cumberland, MD 21502; Account #6521-6 (as of 1/31/24) | \$3,002.64 |
| | s, mutual funds, or pub aples: Bond funds, investr | | okerage firms, money market accounts | |
| ■ No □ Yes | | Institution or issuer | name: | |
| 19. Non-p joint No | oublicly traded stock an venture . Give specific information | · | orated and unincorporated businesses, including an interest in an % of ownership: | LLC, partnership, and |
| 20 Gov oi | | • | otiable and non-negotiable instruments | |
| Nego Non-i ■ No | tiable instruments include negotiable instruments ar . Give specific information | e personal checks, cas e those you cannot tra | shiers' checks, promissory notes, and money orders. sinsfer to someone by signing or delivering them. | |
| | ement or pension account ples: Interests in IRA, EF | | 03(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ■ Yes | . List each account separ | ately. e of account: | Institution name: | |
| | Per | nsion | Principal Financial Group (MaxSent) | \$22,071.47 |
| Your <i>Exam</i> ■ No | | sits you have made so | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or o | others |
| 23. Annui | ities (A contract for a per | iodic payment of mone | ey to you, either for life or for a number of years) | |
| ■ No □ Yes | lssuer na | me and description. | | |
| 26 U.S ■ No | s.C. §§ 530(b)(1), 529A(b |), and 529(b)(1). | ualified ABLE program, or under a qualified state tuition program. | |
| | | · | n. Separately file the records of any interests.11 U.S.C. § 521(c): | 1. (|
| ■ No | - | | ther than anything listed in line 1), and rights or powers exercisabl | e tor your benefit |
| | . Give specific information | | and and an about the standard and an arrange | |
| | | | nd other intellectual property ds from royalties and licensing agreements | |

Official Form 106A/B Schedule A/B: Property page 5

 $\hfill \square$ Yes. Give specific information about them...

Case 24-12050 Doc 1 Filed 03/11/24 Page 15 of 47

| Debtor 1 | Ronald James Gordon | | Case number (if known) | |
|---------------------|--|---|---|---|
| Exam ■ No | ses, franchises, and other general or ples: Building permits, exclusive lice. Give specific information about the second or s | censes, cooperative association hold | ings, liquor licenses, professional licens | es |
| Money or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | efunds owed to you . Give specific information about th | em, including whether you already fi | ed the returns and the tax years | |
| | | 2023 Estimated Refund | Federal | \$528.00 |
| ■ No | | ny, spousal support, child support, ma | aintenance, divorce settlement, property | settlement |
| Exam | amounts someone owes you apples: Unpaid wages, disability insu benefits; unpaid loans you m | | sick pay, vacation pay, workers' compe | nsation, Social Security |
| _Exam | sts in insurance policies oples: Health, disability, or life insur | ance; health savings account (HSA) | credit, homeowner's, or renter's insurar | nce |
| ■ No □ Yes. | . Name the insurance company of c Company r | | Beneficiary: | Surrender or refund value: |
| If you some | nterest in property that is due yo are the beneficiary of a living trust one has died. . Give specific information | | ce policy, or are currently entitled to rec | eive property because |
| <i>Exam</i> ■ No | | or not you have filed a lawsuit or nates, insurance claims, or rights to su | | |
| ■ No | contingent and unliquidated cla . Describe each claim | ims of every nature, including cou | nterclaims of the debtor and rights to | set off claims |
| ■ No | nancial assets you did not alread. . Give specific information | dy list | | |
| | | tries from Part 4, including any en | | \$25,754.21 |

Official Form 106A/B Schedule A/B: Property page 6

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Case 24-12050 Doc 1 Filed 03/11/24 Page 16 of 47

| Debto | or 1 | Ronald James Gordon | | Case number (if known) | |
|----------------|--------------|--|------------------------|------------------------------|--------------|
| 37. D o | you o | wn or have any legal or equitable interest in any business-related | I property? | | |
| I | No. Go | to Part 6. | | | |
| | Yes. Go | to line 38. | | | |
| Part 6 | | cribe Any Farm- and Commercial Fishing-Related Property You C u own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. D | o you | own or have any legal or equitable interest in any farm- o | or commercial fishin | ng-related property? | |
| | No. C | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Part 7 | ' : | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| E | Exampl No | have other property of any kind you did not already list? es: Season tickets, country club membership Sive specific information | | | |
| 54. | Add th | ne dollar value of all of your entries from Part 7. Write that | t number here | | \$0.00 |
| Part 8 | B: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: | Total real estate, line 2 | | | \$149,000.00 |
| 56. | Part 2: | Total vehicles, line 5 | \$15,255.00 | | |
| 57. l | Part 3: | Total personal and household items, line 15 | \$2,802.00 | | |
| 58. | Part 4: | Total financial assets, line 36 | \$25,754.21 | | |
| 59. | Part 5: | Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: | Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: | Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total p | personal property. Add lines 56 through 61 | \$43,811.21 | Copy personal property total | \$43,811.21 |
| 63. | Total o | of all property on Schedule A/B. Add line 55 + line 62 | | | \$192,811.21 |

Official Form 106A/B Schedule A/B: Property page 7

Case 24-12050 Doc 1 Filed 03/11/24 Page 17 of 47

| Fill | I in this inform | ation to identify your ca | se: | | | | |
|--------------------------|--|---|---|--------------------------|--|--|--|
| De | btor 1 | Ronald James Gord | lon | | | | |
| D - | h 0 | First Name | Middle Name | L | ast Name | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | L | ast Name | | |
| Un | ited States Ban | kruptcy Court for the: | DISTRICT OF MARYLAND | | | | |
| | | _ | | | | | |
| | se number | | | | | | Check if this is an |
| | | | | | | | amended filing |
| \sim | fficial Far | 10CC | | | | | |
| | fficial For | | | _ | _ | | |
| <u>S</u> | chedule | C: The Prop | perty You Cla | im | as Exempt | | 4/22 |
| he nee cas | property you list ded, fill out and e number (if kno | sted on Schedule A/B: Pro lattach to this page as ma own). | perty (Official Form 106A/B) ny copies of <i>Part 2: Additior</i> | as yo nal Pa | ther, both are equally responsible for source, list the property that you ge as necessary. On the top of any | claim as ex additional p | empt. If more space is pages, write your name and |
| spe any fun exe | ecific dollar am applicable sta ds—may be ur emption to a pa | ount as exempt. Alterna atutory limit. Some exem nlimited in dollar amount | tively, you may claim the f ptions—such as those for . However, if you claim an | ull fai healt exen | ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain to aption of 100% of fair market valu letermined to exceed that amoun | ing exempt benefits, an le under a l | ted up to the amount of d tax-exempt retirement aw that limits the |
| Pa | rt 1: Identify | the Property You Claim | as Exempt | | | | |
| 1. | Which set of | exemptions are you clai | ming? Check one only, ever | n if yo | ur spouse is filing with you. | | |
| | You are cla | iming state and federal no | onbankruptcy exemptions. 1 | ı1 U.S | S.C. § 522(b)(3) | | |
| | _ | iming federal exemptions. | | | 7.0. 3 0==(0)(0) | | |
| 2 | | | | | fill in the information below | | |
| ۷. | | | • | | fill in the information below. | Cunnific In | we that allow everention |
| | | on of the property and line on the hat lists this property | n Current value of the portion you own | Ame | ount of the exemption you claim | эреспіс іа | ws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | 837 Mount F | Royal Avenue | \$144,000.00 | _ | \$27,900.00 | Md. Cod | le Ann., Cts. & Jud. |
| | Cumberland | l, MD 21502 Allegany | \$144,000.00 | _ | | Proc. § | 11-504(f)(1)(i)(2) |
| | Exemption : Line from Sch | = Value less cost of sa edule A/B: 1.1 | ale | | 100% of fair market value, up to any applicable statutory limit | | |
| | 2013 Chevro 100,000 mile | olet Silverado 1500 | \$8,200.00 | | \$5,663.18 | | le Ann., Cts. & Jud. 11-504(b)(6) |
| | (repaired), v rusted throu on, oil press console is b | ear end damaged wheel well fenders are ugh, check engine ligh sure gauge doesn't woroken and passenger ndow controls don't wedule A/B: 3.1 | nt is ork, | | 100% of fair market value, up to any applicable statutory limit | | |
| | 2013 Chevro 100,000 mile | olet Silverado 1500 | \$8,200.00 | | \$352.08 | | le Ann., Cts. & Jud. 11-504(f)(1)(i)(1) |
| | Truck had re (repaired), verusted through, oil press console is be | ear end damaged wheel well fenders are ugh, check engine ligh sure gauge doesn't wo proken and passenger ndow controls don't w | nt is ork, | | 100% of fair market value, up to any applicable statutory limit | | 30-(1)(1)(1) |

Line from Schedule A/B: 3.1

Case 24-12050 Doc 1 Filed 03/11/24 Page 18 of 47

| Brief description of the property and line on | Current value of the | Ame | ount of the exemption you claim | Specific laws that allow exemption |
|--|--|-----|---|--|
| Schedule A/B that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Typical Household furnishings Line from Schedule A/B: 6.1 | \$400.00 | • | \$400.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) |
| Line Holli Schedule Avb. 5.1 | | | 100% of fair market value, up to any applicable statutory limit | F10c. 9 11-304(b)(4) |
| Typical Household Appliances (w/d, refrigerator, stove) | \$300.00 | | \$300.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) |
| Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household electronics (computer, television, etc) | \$200.00 | | \$200.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | ς (λ, |
| (1) Taurus G2C \$147, (2) Glock 19 \$261, (3) Ruge 10-22 \$150, (4) | \$1,700.00 | | \$1,451.18 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| Mossberg Shockwave \$300, (5) Mossbert 12 GA pump \$130, (6) Remington 7400 280 \$365 and (7) DelTon DTI-15 \$348 Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | 3 |
| (1) Taurus G2C \$147, (2) Glock 19 \$261, (3) Ruge 10-22 \$150, (4) | \$1,700.00 | | \$248.82 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(6) |
| Mossberg Shockwave \$300, (5) Mossbert 12 GA pump \$130, (6) Remington 7400 280 \$365 and (7) DelTon DTI-15 \$348 Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Typical Men's Clothing Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) |
| Ellie II olii ooliodale 77 B. TTT | | | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 004(2)(4) |
| Typical Jewelry (watch, rings, necklaces, earrings) | \$100.00 | | \$100.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Dog (1) & Cat (1) Line from <i>Schedule A/B</i> : 13.1 | \$2.00 | | \$2.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$5.00 | • | \$5.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| • | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; | \$9.00 | | \$9.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) |
| Account #9770-0001 (as of 1/31/24) Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 19 of 47

| Pr 1 Ronald James Gordon | | | Case number (if known) | |
|--|--------------------------------------|-----|--|---|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Checking: First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; Account #9770-0002 (as of 1/31/24) Line from Schedule A/B: 17.2 | \$37.87 | | \$37.87 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| Savings: First Peoples FCU, PO Box | | | | Md. Code Ann., Cts. & Jud |
| 5524, Cresaptown, MD 21505; Account #3380-0001 (as of 1/31/24) | \$10.50 | | \$10.50 100% of fair market value, up to | Proc. § 11-504(b)(5) |
| ine from Schedule A/B: 17.3 | | | any applicable statutory limit | |
| Checking: First Peoples FCU, PO Box 5524, Cresaptown, MD 21505; | \$64.73 | | \$64.73 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| Account #3380-0002 (as of 1/31/24) Line from <i>Schedule A/B</i> : 17.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Patriot Federal CU, PO Box 778, Chambersburg, PA 17201; | \$5.00 | | \$5.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| Account #2319 (as of 12/31/23) Line from Schedule A/B: 17.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Chessie Federal CU, PO Box 689, Cumberland, MD 21502; | \$20.00 | | \$20.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| Account #6521-0 (as of 1/31/24) Line from Schedule A/B: 17.6 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Chessie Federal CU, PO Box 689, Cumberland, MD 21502; | \$3,002.64 | | \$352.90 | Md. Code Ann., Cts. & Juc Proc. § 11-504(b)(5) |
| Account #6521-6 (as of 1/31/24) Line from Schedule A/B: 17.7 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Chessie Federal CU, PO Box 689, Cumberland, MD 21502; | \$3,002.64 | | \$2,649.74 | Md. Code Ann., Cts. & Jud Proc. § 11-504(f)(1)(i)(1) |
| Account #6521-6 (as of 1/31/24) Line from Schedule A/B: 17.7 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: Principal Financial Group MaxSent) | \$22,071.47 | | \$22,071.47 | Md. Code Ann., Cts. & Jud Proc. § 11-504(h) |
| ine from <i>Schedule A/B</i> : 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal: 2023 Estimated Refund Line from Schedule A/B: 28.1 | \$528.00 | | \$440.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(f)(1)(i)(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal: 2023 Estimated Refund ine from Schedule A/B: 28.1 | \$528.00 | | \$88.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(6) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption Subject to adjustment on 4/01/25 and every No | | | led on or after the date of adjustmen | nt.) |

Case 24-12050 Doc 1 Filed 03/11/24 Page 20 of 47

| | | | | | • | | |
|------------------------|---------------------------------------|--------------------------------------|--|----------------|--|--|--------------------------|
| Fill in t | his informatio | n to identify you | r case: | | | | |
| Debtor | 1 R | onald James C | Gordon | | | | |
| | | st Name | Middle Name L | ast Name | | | |
| Debtor : (Spouse if | | st Name | Middle Name L | ast Name | | | |
| United S | States Bankrup | tcy Court for the: | DISTRICT OF MARYLAND | | | | |
| Case nu (if known) | umber | | | | | _ | if this is an |
| Officia | al Form 10 |)6D | | | | | Ü |
| | | | Who Have Claims Se | ecured | by Propert | у | 12/15 |
| is needed | | | f two married people are filing together, out, number the entries, and attach it to t | | | | |
| 1. Do any | creditors have | claims secured by | your property? | | | | |
| | No. Check this | box and submit th | nis form to the court with your other so | hedules. You | u have nothing else t | o report on this form. | |
| | es. Fill in all of | the information I | pelow. | | | | |
| Part 1: | _ | ured Claims | | | | | |
| | | | nore than one secured claim, list the credito | or senarately | Column A | Column B | Column C |
| for each | claim. If more th | an one creditor has | a particular claim, list the other creditors in cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| | rst Peoples | Community | Describe the property that secures the | claim: | \$104,433.00 | \$144,000.00 | \$0.00 |
| P(C) | editor's Name O Box 5524 resaptown, N | ИD | 837 Mount Royal Avenue Cumberland, MD 21502 Allega County Exemption = Value less cost o As of the date you file, the claim is: Che apply. □ Contingent | of sale | | | |
| | mber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| | ves the debt? | · | Disputed Nature of lien. Check all that apply. | | | | |
| Debto | • | | An agreement you made (such as mor car loan) | rtgage or secu | red | | |
| ☐ Debte | or 2 only or 1 and Debtor 2 | Lonly | ☐ Statutory lien (such as tax lien, mecha | uniola lian) | | | |
| _ | | only otors and another | ☐ Judgment lien from a lawsuit | inic s nem) | | | |
| ☐ Chec | ck if this claim re munity debt | | Other (including a right to offset) | | | | |
| | ot was incurred | Opened 06/22 Last Active 10/23 | Last 4 digits of account number | 0622 | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 21 of 47

| Debtor | 1 Ronald Ja | mes Gordon | | Case number (if known) | | |
|----------|--|--------------------------------------|---|------------------------|------------|-------------|
| | First Name | Middle Na | ame Last Name | | | |
| 1221 | atriot Federa | l Credit | Describe the property that secures the claim: | \$9,084.00 | \$7,055.00 | \$2,029.00 |
| | editor's Name | | 2022 Kawasaki KLR 650 | | | |
| 80 | ttn: Bankrup 00 Wayne Av hambersburç | enue | As of the date you file, the claim is: Check all the apply. Contingent | at | | |
| Nu | umber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | |
| Who ov | ves the debt? C | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | or 1 only or 2 only | | An agreement you made (such as mortgage of car loan) | or secured | | |
| ☐ Debt | or 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| | ast one of the deb | | ☐ Judgment lien from a lawsuit | | | |
| | ck if this claim re nmunity debt | elates to a | Other (including a right to offset) | | | |
| Date de | bt was incurred | Opened 03/22 Last Active 08/23 | Last 4 digits of account number 08 | 00 | | |
| | /yndham Vac | ation | | ¢27.444.00 | ¢5 000 00 | ¢22.444.00 |
| 0 | wnership editor's Name | | Describe the property that secures the claim: | \$27,414.00 | \$5,000.00 | \$22,414.00 |
| - | | | Wyndham Resorts 10750 W Charleston Blvd., #130 Las Vegas, NV 89135 Clark County | | | |
| Р | ttn: Bankrup .O. Box 9894 | 0 | As of the date you file, the claim is: Check all the apply. | at | | |
| | as Vega, NV | | Contingent | | | |
| Nι | ımber, Street, City, S | State & Zip Code | Unliquidated | | | |
| Who ov | ves the debt? C | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debt | or 1 only | | ■ An agreement you made (such as mortgage of | or secured | | |
| _ | or 2 only | | car loan) | | | |
| ☐ Debt | or 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| ☐ At lea | ast one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | |
| | ck if this claim re nmunity debt | elates to a | Other (including a right to offset) | | | |
| Date de | bt was incurred | Opened 7/28/18 Last Active 7/11/23 | Last 4 digits of account number 65 | 08 | | |
| | | | | | | |
| Add th | ne dollar value of | f your entries in C | olumn A on this page. Write that number here: | \$140,931. | 00 | |
| | is the last page of | • | the dollar value totals from all pages. | \$140,931. | 00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 24-12050 Doc 1 Filed 03/11/24 Page 22 of 47

| Fill in | this inforn | nation to identify your | case: | | | | | |
|--------------------------------|---|---|--|---|-------------------------------|---|--------------------------------|--|
| Debto | r 1 | Ronald James Go | ordon | | | | | |
| | | First Name | Middle Na | ame | Last Name | | | |
| Debto | | First Name | Middle Na | | Loot Nome | | | |
| (Spouse | e if, filing) | First Name | Middle Na | ame | Last Name | | | |
| United | d States Bar | nkruptcy Court for the: | DISTRICT O | OF MARYLAND | | | | |
| Case | number | | | | | | | |
| (if knowr | _ | | | _ | | | | Check if this is an |
| | | | | | | | a | mended filing |
| Otti- | ial Farm | 106E/E | | | | | | |
| | | <u>106E/F</u> /F: | lha Hava | Linaaaiii | d Claima | | | 40/4E |
| | | /F: Creditors W | | | | Part 2 for creditors with NON | | 12/15 |
| Schedu Schedu left. Atta | ile G: Execut ile D: Credito ach the Con nd case nun | tory Contracts and Unexp ors Who Have Claims Sec | oired Leases (Of ured by Propert ge. If you have n | ficial Form 106G). ty. If more space is no information to r | Do not include s needed, copy | contracts on Schedule A/B: P any creditors with partially s the Part you need, fill it out, r do not file that Part. On the to | ecured claims number the en | that are listed in tries in the boxes on the |
| | | rs have priority unsecure | | | | | | |
| _ | No. Go to P | | | | | | | |
| | Yes. | urt 2. | | | | | | |
| _ | 1 103. | | | | | | | |
| Part 2 | List Al | I of Your NONPRIORIT | Y Unsecured | Claims | | | | |
| 3. Do | any credito | rs have nonpriority unsec | cured claims ag | ainst you? | | | | |
| | No. You hav | ve nothing to report in this p | art. Submit this fo | orm to the court wit | th your other sche | edules. | | |
| | Yes. | | | | | | | |
| un: tha | secured clain | n, list the creditor separately | y for each claim. | For each claim liste | ed, identify what t | holds each claim. If a credito ype of claim it is. Do not list cla three nonpriority unsecured cla | ims already in | cluded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Barclay | s Bank Delaware | | Last 4 digits of ac | count number | 9089 | | \$8,201.00 |
| | | Creditor's Name | | | | 0 | | |
| | | inkruptcy ith West Street | | When was the de | bt incurred? | Opened 07/18 Last A 09/23 | ctive | |
| | | ton, DE 19801 | | viion was the as | or mountou. | 03/23 | | _ |
| | | reet City State Zip Code | | As of the date you | u file, the claim i | s: Check all that apply | | |
| | Who incu | red the debt? Check one. | | | | | | |
| | Debtor | 1 only | | ☐ Contingent | | | | |
| | □ Debtor | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | t one of the debtors and and | other | Type of NONPRIC | ORITY unsecured | d claim: | | |
| | ☐ Check | if this claim is for a comi | munity | ☐ Student loans | | | | |
| | debt Is the clai | m subject to offset? | | Obligations aris | | ration agreement or divorce that | at you did not | |
| | ■ No | | | ☐ Debts to pension | on or profit-sharin | g plans, and other similar debt | 3 | |
| | ☐ Yes | | | Other. Specify | Credit Card | I | | _ |

Case 24-12050 Doc 1 Filed 03/11/24 Page 23 of 47

| Debto | Ronald James Gordon | | Case number (if know | vn) | | | | |
|-------|---|--|---------------------------|------------------------|------------|--|--|--|
| 4.2 | Chase Card Services | Last 4 digits of account number | 2536 | | \$6,477.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 15298 Wilmington, DE 19850-5298 | When was the debt incurred? | Opened 12/13 09/23 | Last Active | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | , | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or di | vorce that you did not | | | | |
| | Is the claim subject to offset? | <u></u> | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | • | ilar debts | | | | |
| | Yes | Other. Specify Credit Card | I - Amazon | | | | | |
| 4.3 | Citi Card / Citibank | Last 4 digits of account number | 6761 | | \$817.00 | | | |
| | Nonpriority Creditor's Name Centralized Bankruptcy Dept. PO Box 790040 St. Louis, MO 63179 | When was the debt incurred? | Opened 06/07 7/12/23 | Last Active | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | , | | | | |
| | Who incurred the debt? Check one. | • | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other sim | ilar debts | | | | |
| | Yes | ■ Other. Specify Credit Card | l | | | | | |
| 4.4 | First Peoples Community Bank Nonpriority Creditor's Name | Last 4 digits of account number | 0142 | | \$3,806.00 | | | |
| | Attn: Bankruptcy P.O. Box 5149 | When was the debt incurred? | Opened 07/14 9/22/23 | Last Active | | | | |
| | Cresaptown, MD 21505 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | , | | | | |
| | Who incurred the debt? Check one. | , · | , | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or di | vorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other simi | ilar debts | | | | |
| | ☐ Yes ☐ Other. Specify Credit Card | | | | | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 24 of 47

| Debtoi | Ronald James Gordon | | Case number (if known) | | | | | |
|--------|---|---|--|------------|--|--|--|--|
| 4.5 | Synchrony Bank | Last 4 digits of account number | 4710 | \$8,588.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? | Opened 10/22 Last Active 08/23 | | | | | |
| | Orlando, FL 32896-5060 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ No | · | | | | | | |
| | Yes | Other. Specify Charge Ac | count - Home Design | | | | | |
| 4.6 | Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | 2303 | \$1,057.00 | | | | |
| | Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060 | When was the debt incurred? | Opened 11/06 Last Active 08/23 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify Charge Ac | count - Lowe's | | | | | |
| 4.7 | Wyndham Vacation Ownership Nonpriority Creditor's Name | Last 4 digits of account number | 6508 | \$1,300.00 | | | | |
| | 10750 W. Charleston Blvd. Suite 130 Las Vegas, NV 89135 | When was the debt incurred? | Opened 7/28/18 Last Active 7/11/23 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | □ Debts to pension or profit-sharin | on plans, and other similar debts | | | | | |
| | | _ | g pians, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Fees | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 24-12050 Doc 1 Filed 03/11/24 Page 25 of 47

Debtor 1 Ronald James Gordon

Case number (if known)

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Barclays Bank Delaware
P.O. Box 8801

Wilmington, DE 19899

Case number (if known)

Part 1 or Part 2 did you list the original creditor?

□ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

9089

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 30,246.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 30,246.00 |

Last 4 digits of account number

Case 24-12050 Doc 1 Filed 03/11/24 Page 26 of 47

| Fill in this inform | ill in this information to identify your case: | | | | | | | | |
|---------------------|--|----------------------|-----------|--|--------------------------------------|--|--|--|--|
| Debtor 1 | Ronald James Go | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| United States Ba | inkruptcy Court for the: | DISTRICT OF MARYLAND | | | | | | | |
| Case number _ | | | | | ☐ Check if this is an amended filing | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | U.i.j | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | MULLIDEL | Ollect | | | |
| | City | | State | ZIP Code | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 27 of 47

| Fill in this | information to identify your | case: | | | |
|-------------------------------|---|---|---|--|---|
| Debtor 1 | Ronald James Go | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | g) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | DISTRICT OF MARYLA | ND | | |
| Case numb | ner | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106U | | | | |
| | Form 106H | 1.4 | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| Arizona No. Yes. | nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo | Nevada, New Mexico, Puuse, or legal equivalent live | e with you at the time? spouse as a codebtor | ington, and Wisconsin.) | es and territories include h you. List the person shown |
| | 106D), Schedule E/F (Official Dlumn 2. | Form 106E/F), or Sched | ule G (Official Form 10 | 96G). Use Schedule D, Sche | edule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor Check all schedules that | r to whom you owe the debt apply: |
| 24 | | | | Ochodul D. P. | |
| 3.1 | Name | | | _ ☐ Schedule D, line _ ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| _ | November 2 | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | Польта В | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line _ | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| ` | , | | 0000 | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill | in this information to identify your c | ase: | | | | | | | | |
|-------------|---|----------------------------|------------------------|-------------|---------|--------------|-------------|-------------|----------------------------------|----------|
| De | btor 1 Ronald Jam | es Gordon | | | _ | | | | | |
| 1 - | btor 2 puse, if filing) | | | | _ | | | | | |
| Un | ited States Bankruptcy Court for the | : DISTRICT OF MARY | LAND | | _ | | | | | |
| | se number | | _ | | | Check i | if this is: | | | |
| (If k | nown) | | | | | | amende | Ū | | |
| | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | MM | 1 / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | ır spouse is not filing w | ith you, do not inclu- | de infori | matio | n about y | our spo | use. If mo | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | | ☐ Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional employers. | Employment status | Not employed | | | [| ☐ Not e | mployed | | |
| | employers. | Occupation | Disabled | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Pa | Tt 2: Give Details About Mor | nthly Income | | | | | | | | |
| | imate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any lir | ne, write \$ | 60 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | n for all e | employ | ers for th | at perso | n on the li | nes below. If | you need |
| | | | | | | For Debto | or 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$_ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$_ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | | .00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Ronald James Gordon | _ | (| Case number | (if kno | vn) | | | | |
|-----|-----------------------|---|----------|-----------|-------------|---------|------------|----------|--------------------|---------------|--------------------|
| | | | | | For Debto | | | non- | Debtor filing s | pouse | |
| | Cop | by line 4 here | 4. | | \$ | 0. | 00_ | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | a. | \$ | 0. | 00 | \$ | | N/A | ١ |
| | 5b. | Mandatory contributions for retirement plans | 5b | ٥. | \$ | 0. | 00 | \$ | | N/A | <u></u> |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$ | 0. | 00 | \$ | | N/A | <u>\</u> |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | | 00 | \$ | | N/A | |
| | 5e. | Insurance | 56 | | \$ | | 00 | \$ | | N/A | |
| | 5f. 5g. | Domestic support obligations Union dues | 5f | | \$ | | 00 | \$ | | N/A | |
| | 5y. 5h. | Other deductions. Specify: | 5g 5k | y. า.+ | \$ | | 00 00 - | | | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h. | 6. | | \$ | | 00 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | | 00 | \$ \$ | | N/A | _ |
| | | | ٠. | | Ψ | 0. | JU | Ψ | | IN/F | <u> </u> |
| 8. | Ba. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a. | \$ | 0 | 00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8k | | \$ | | 00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | : 80 | Э. | \$ | | 00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0. | 00 | \$ | | N/A | |
| | 8e. | Social Security | 86 | Э. | \$ | 0. | 00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f | : | \$ | 0. | 00_ | \$ | | N/A | |
| | 8g. | Pension or retirement income | 80 | - | | ,271. | | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: Service-related VA disability | 8ł | า.+ | \$1 | ,506. | <u> 88</u> | + \$ | | N/A | <u>\</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | 3 | ,778. | 54 | \$ | | N/ | Ά |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 3,778. | 54 - | \$ | | N/A | = \$ | 3,778.54 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | 0,110 | | • | | 14// | | 0,110.04 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | dep | | , , | | | • | chedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 12. | \$ | 3,778.54 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | , | Comb month | ined ily income |
| | | No. | | | | | | | | | |
| | | Voc Evoloin: | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | ition to identify yo | ur case: | | | | | | | |
|-------|---|--|------------------------|---|-------------------------|---|--------------------------|--|--|------------|
| | tor 1 | Ronald Jame | | 'n | | | Che | eck if this is: | | |
| | .01 1 | Ronald Jame | s Gorac | '11 | | | | An amended filing | | |
| Deb | tor 2 | | | | | | | ŭ | wing postpetition char | oter |
| (Spc | ouse, if filing) | - | | | | | _ | 13 expenses as of | the following date: | |
| Unite | ed States Bankr | ruptcy Court for the: | DISTRI | CT OF MARYLAN | 1D | | | MM / DD / YYYY | | |
| | e number nown) | | | | | | | | | |
| | Kielel Fe | | | | | | | | | |
| | | rm 106J | | | | | | | | |
| | | J: Your I | | | | filing together be | -4h ava avı | volle roomeneible fo | | 12/15 |
| info | rmation. If m | and accurate as lore space is neon n). Answer ever | eded, atta | ch another sheet | t to this fo | orm. On the top of | any additi | ional pages, write y | or supplying correct your name and case | |
| Part | | ribe Your House | hold | | | | | | | |
| 1. | Is this a joir | nt case? | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | |
| | ☐ Yes. Doe | s Debtor 2 live i | n a separ | ate household? | | | | | | |
| | □N | 0 | | | | | | | | |
| | ΠY | es. Debtor 2 mus | t file Offici | al Form 106J-2, <i>E</i> | Expenses f | for Separate House | hold of Del | btor 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this informa each dependent | | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | | | | | Son | | 14 | ■ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | - | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do your exr | oenses include | _ | | | | | | ☐ Yes | |
| 0. | expenses o | f people other the d your depender | nan _{II} | No Yes | | | | | | |
| Part | | ate Your Ongoir | | | | | | | | |
| exp | imate your ex enses as of a licable date. | openses as of your address as a date after the b | our bankr pankrupto | uptcy filing date on the sign of the sign | unless yo s a supple | u are using this for emental <i>Schedule</i> | orm as a s J, check t | upplement in a Cha the box at the top o | apter 13 case to repo of the form and fill in | ort the |
| Incl | ude expense | s paid for with r | non-cash | government assi | stance if | you know | | | | |
| | | | d have inc | luded it on Sche | edule I: Yo | our Income | | Your exp | oneoe | |
| (Ott | icial Form 10 |)6I.) | | | | | | rour exp | enses | |
| 4. | | or home owners | | • | dence. Ind | clude first mortgage | 4. | \$ | 807.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | | 4a. | \$ | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | | 4b. | : | 0.00 | |
| | | • | | ıpkeep expenses | | | 4c. | : | 150.00 | |
| | | owner's associat | | | | | 4d. | · | 0.00 | |
| 5. | Additional r | mortgage payme | ents for yo | our residence , su | ch as hom | ne equity loans | 5. | \$ | 0.00 | |

| Sea | ebtor 1 Ronald James Gordon | Case number (if known) | |
|--|---|-----------------------------|----------------|
| Bas Electricity, heat, natural gas 6a \$ 325,00 B. Water, sever, garbage collection 6b \$ 110,00 B. Telephone, cell phone, Internet, satellite, and cable services 6c \$ 305,00 B. Other, Specify; 6d \$ 0.000 B. Telephone, cell phone, Internet, satellite, and cable services 6c \$ 305,00 B. Other, Specify; 7 \$ \$ 800,00 B. Other Specify; 8d \$ 0.000 B. Childcare and children's education costs 8 \$ 0.000 B. Childcare and children's education costs 8 \$ 0.000 B. Childcare and children's education costs 10 \$ 150,00 Bersonal care products and services 10 \$ 150,00 Bersonal care products and services 10 \$ 150,00 Bersonal care products and services 11 \$ 135,00 Bon childcare and chall expenses 12 \$ 300,00 Bon childcare and care payments 12 \$ 300,00 Bon childcare and challed sepanses 13 \$ 150,00 Bon childcare and challed sepanses 12 \$ 300,00 Bon childcare and challed sepanses 15 \$ 50,00 Bon childcare and challed sepanses 15 \$ \$ 50,00 Bon childcare and challed sepanses 15 \$ \$ \$ \$ Bon childcare and challed sepanses 15 \$ \$ \$ \$ \$ \$ \$ \$ \$ | Utilities: | | |
| Bit Water, saver, garbage collection 6b. \$ 110.00 | | 6a. \$ | 325.00 |
| Record R | | | |
| Bit Differ Specify | | · | |
| Food and housekeeping supplies Childicare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 150,00 Personal care products and services 10. \$ 110,00 Medical and dental expenses 11. \$ 135,00 Transportation. Include gas, maintenance, bus or train fare. 12. \$ 300,00 Do not included care payments. 13. \$ 150,00 Charltable contributions and religious donations 14. \$ 500,00 Do not include care payments. 15. \$ 150,00 Charltable contributions and religious donations 14. \$ 500,00 Do not include a religious donations 15. \$ 150,00 Do not include religious donations 16. Vehicle insurance 15. \$ 0.00 158. Lile insurance 159. \$ 0.00 159. \$ 0.00 150. Whice insurance 150. \$ 0.00 150. Whice insurance 150. \$ 0.00 150. Whice insurance specify 150. \$ 0.00 150. \$ 0.00 150. Whice insurance specify 150. \$ 0.00 150. \$ 0.00 150. Whice insurance specify 150. \$ 0.00 150. \$ 0.00 150. \$ 0.00 150. Whice insurance specify 150. \$ 0.00 150. \$ 0. | | · | |
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| Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses 11. \$ 150.00 Personal care products and services 11. \$ 135.00 Transportation. Include gas, maintenance, bus or train fare. 12. \$ 300.00 not include car payments. 13. \$ 150.00 Charitable contributions and religious donations 14. \$ 50.00 Do not include car payments. 15. \$ 150.00 Charitable contributions and religious donations 14. \$ 50.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance. 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance specify: 15c. \$ 145.33 15d. Other insurance, specify: 15c. \$ 145.33 15d. Other insurance, specify: 15c. \$ 145.33 15d. Other insurance specify: 17c. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other, Specify: 17d. Specify: 17d. Other, Specify: 17d. S | | | |
| Personal care products and services 10. \$ 110.00 | | | |
| Medical and dental expenses | | • | |
| Transportation. Include gas, maintenance, bus or train fare. Do not include can payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 150.00 This surance Do not include can payments. Do not include in surance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Bealth insurance 15b. Lealth insurance 15c. \$ 0.00 15b. Lealth insurance, Specify: 15c. Vehicle insurance, Specify: 15d. Other insurance, Specify: 15d. Other insurance, Specify: 15d. Other insurance, Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Specify: 17c. Specify: 17c. Specify: 17c. Specify: 17d. Other, Specify: 17d. Other, Specify: 17d. Specify: | • | · | |
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| 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16c. S 0.000 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. S 0.000 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. S 0.000 17c. Other. Specify: 17c. Other specify: 17c. S 0.000 17d. Other specify: 17d. S 0.000 17d. Other specify: 17d. S 0.000 18stale taxes 20b. S 0.000 20c. Mortgages on other property 20a. S 0.000 20d. Maintenance, repair, and upkeep expenses 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 17d. S 0.000 18stale taxes 20b. S 0.000 20d. Mortgages on other property 20a. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium dues 20d. S 0.000 20d. Homeowner's association or condominium | | 45- 0 | |
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| ш 165. — — — — — — — — — — — — — — — — — — — | | | |
| | Li 162. | | |

| =::: 4 | | | | | |
|----------------------|---|---|----------------------------|--|------------------------------------|
| Fill in th | nis information to identify you | case: | | | |
| Debtor ' | 1 Ronald James G | ordon Middle Name | Last Name | | |
| Debtor 2 | | Middle Name | Lastivaille | | |
| (Spouse if, | | Middle Name | Last Name | | |
| United S | States Bankruptcy Court for the: | DISTRICT OF MARYLA | ND | | |
| Case nu | ımber | | | | |
| (if known) | | | | _ | Check if this is an amended filing |
| If two ma You mus | g money or property by fraud r both. 18 U.S.C. §§ 152, 1341, | er, both are equally respor file bankruptcy schedules in connection with a bank | nsible for supplying corr | | |
| | Sign Below | | | | |
| Dio | d you pay or agree to pay som | eone who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| | No | | | | |
| | Yes. Name of person | | | Attach Bankruptcy Petit Declaration, and Signat | |
| | der penalty of perjury, I declare t they are true and correct. | e that I have read the sum | mary and schedules file | d with this declaration and | |
| Х | /s/ Ronald James Gordon | | X | | |
| | Ronald James Gordon Signature of Debtor 1 | | Signature of | Debtor 2 | |
| | Date March 11, 2024 | | Date | | |

| FII | in this inforr | nation to identify you | r case: | | | |
|-------------------|---------------------------------|----------------------------------|--|---|--|---|
| De | btor 1 | Ronald James G | Gordon Middle Name | Last Name | | |
| 1 | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | DISTRICT OF MARYLAN | D | | |
| 1 | se number _ | | | | | Check if this is an mended filing |
| St | as complete a | of Financial | | re filing together, both are | ankruptcy equally responsible for sup | |
| nun | nber (if know | n). Answer every que | | | , aaamona, pagoo, mao yo | |
| 1. | | r current marital statu | | Lived Belore | | |
| | ☐ Married ■ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pa | rt 2 Expla | in the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calenda nuary 1 to De | r year: ecember 31, 2023) | ■ Wages, commissions, bonuses, tips | \$51,505.97 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Debtor 1 Ronald James Gordon Case number (if known)

| | Debtor 1 | | Debtor 2 | |
|--|--|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2022) | ■ Wages, commissions, bonuses, tips | \$75,785.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year: (January 1 to December 31, 2021) | ■ Wages, commissions, bonuses, tips | \$37,385.25 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | | | | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor 2

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

| Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
|-----------------------------------|---|---|---|
| VA Benefits | \$29,602.32 | | |
| Disability | \$1,733.68 | | |
| 1099-R | \$33,746.10 | | |
| 1099-NEC | \$15,248.00 | | |
| 1099-INT | \$102.12 | | |
| VA Benefits | \$33,746.00 | | |
| 1099-R | \$32,842.68 | | |
| 1099-NEC | \$7,944.00 | | |
| | Describe below. VA Benefits Disability 1099-R 1099-NEC 1099-INT VA Benefits 1099-R | Describe below. each source (before deductions and exclusions) VA Benefits \$29,602.32 Disability \$1,733.68 1099-R \$33,746.10 1099-NEC \$15,248.00 1099-INT \$102.12 VA Benefits \$33,746.00 1099-R \$32,842.68 | Describe below. each source (before deductions and exclusions) Describe below. VA Benefits \$29,602.32 Disability \$1,733.68 1099-R \$33,746.10 1099-NEC \$15,248.00 1099-INT \$102.12 VA Benefits \$33,746.00 1099-R \$32,842.68 |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

^{*} Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Doc 1 Filed 03/11/24 Page 35 of 47 Case 24-12050 Debtor 1 **Ronald James Gordon** Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Total amount Amount vou Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Total amount** Reason for this payment Dates of payment Amount you Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address Value of the **Describe the Property** Date property Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

☐ Yes. Fill in the details.

Creditor Name and Address Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes Case 24-12050 Doc 1 Filed 03/11/24 Page 36 of 47

Case number (if known)

| | <u></u> | | | |
|-----|--|---|-----------------------------------|---------------------------|
| | ■ No | cy, did you give any gifts with a total value of more | than \$600 per person | ? |
| | ☐ Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | ■ No | cy, did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
| | ☐ Yes. Fill in the details for each gift or contr Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value |
| Do | rt 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details. | y or since you filed for bankruptcy, did you lose any | thing because of the | it, fire, other disaster |
| | how the loss occurred Inc | scribe any insurance coverage for the loss clude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | consulted about seeking bankruptcy or prep | y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services require | | rty to anyone you |
| | □ No | | | |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Trozzo & Lowery, LLC 75 Greene Street Cumberland, MD 21502 | Legal, filing and credit report fees | 10/10/23 | \$1,875.00 |
| | Allen Credit & Debt Counseling Agenc PO Box 195 Wessington, SD 57381 | y Credit & Financial Management counseling fees | 10/10/23 | \$50.00 |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | |

Debtor 1 Ronald James Gordon

Debtor 1 Ronald James Gordon

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Dinclude gifts and transfers that you have already listed on this statement. No | | | | | |
|-----|---|--|----------------------------|-------------|---|---|
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | payme | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you | | | | _ | |
| | Unknown | 2007 Honda Pilo miles) | ot (130,000 | \$2,00 | 0 | 9/30/23 |
| | None | | | | | |
| | Unknown | 2007 Harley-Dav | vidson | \$6,00 | 0 | 10/13/23 |
| | None | | | | | |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No Yes. Fill in the details. | | y property to a | self-settle | d trust or similar device o | of which you are a |
| | | | | | | |
| | Name of trust | Description and v | alue of the prop | perty trans | ferred | Date Transfer was made |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and Sto | orage Unit | s | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | ankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clos market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokers es, associations, and other financial institutions. | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of account instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, ar | ıy safe dep | oosit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year befor | e you filed for bankruptc | y? |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |

Debtor 1 Ronald James Gordon

Case number (if known)

| Par | 19: Identify Property You Hold or Control for | Someone Else | | | |
|-----|---|---|--------|---------------------------------------|---------------------|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty y | ou borrowed from, are storing fo | r, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | ☐ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value |
| Par | t 10: Give Details About Environmental Inform | , | | | |
| | the purpose of Part 10, the following definitions | | | | |
| _ | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | nir, land, soil, surface water, groun | _ | • | |
| _ | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | sites. | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s wa | ste, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n the | ey occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e unc | der or in violation of an environm | ental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ar ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ar ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | ironi | mental law? Include settlements | and orders. |
| | ■ No | , , , | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case |
| Par | t 11: Give Details About Your Business or Cor | • | | | |
| | | | | the fellowing and a set on the second | |
| 27. | Within 4 years before you filed for bankruptcy, A sole proprietor or self-employed in a | | - | _ | y business? |
| | _ | | | · | |
| | ☐ A member of a limited liability company☐ A partner in a partnership | (LLC) or minited hability partners | ııh (r | - L F) | |
| | ☐ A partner in a partnership ☐ An officer, director, or managing execu | tive of a cornoration | | | |
| | ☐ An owner of at least 5% of the voting or | • | | | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 39 of 47

| Debtor 1 | Ronald James Gordon | Case number (if known) |
|----------|---------------------|------------------------|
| | | |

| | No. None of the above applies. Go to I | Part 12. | |
|-----|---|---|---|
| | ☐ Yes. Check all that apply above and fill | in the details below for each business. | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to a | anyone about your business? Include all financial |
| | ■ No □ Yes. Fill in the details below. | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |

Case 24-12050 Doc 1 Filed 03/11/24 Page 40 of 47

| Debtor 1 Ronald James Gordon | | Case number (if known) |
|---|--|--|
| | | |
| Part 12: Sign Below | | |
| | ng a false statement, concealing prop | nts, and I declare under penalty of perjury that the answers erty, or obtaining money or property by fraud in connection to 20 years, or both. |
| /s/ Ronald James Gordon | | |
| Ronald James Gordon Signature of Debtor 1 | Signature of Debtor 2 | |
| Date March 11, 2024 | Date | |
| Did you attach additional pages to <i>Your State</i> ■ No □ Yes | tement of Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is ■ No | s not an attorney to help you fill out b | ankruptcy forms? |
| ☐ Yes. Name of Person Attach the Ba | nkruptcy Petition Preparer's Notice, Dec | claration, and Signature (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$78 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Maryland

| | | · · | | |
|--------|---------------------------------|---|-----------------|-----------------------|
| re | Ronald James Gordon | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VEI | RIFICATION OF CREDITOR M | ATRIX | |
| ie abo | ove-named Debtor hereby verifie | es that the attached list of creditors is true and corr | ect to the best | of his/her knowledge. |
| ate: | March 11, 2024 | /s/ Ronald James Gordon | | |
| | • | Ronald James Gordon | | |
| | | Signature of Debtor | | |

Barclays Bank Delaware Attn: Bankruptcy 125 South West Street Wilmington, DE 19801

Barclays Bank Delaware P.O. Box 8801 Wilmington, DE 19899

Chase Card Services Attn: Bankruptcy P.O. Box 15298 Wilmington, DE 19850-5298

Citi Card / Citibank Centralized Bankruptcy Dept. PO Box 790040 St. Louis, MO 63179

First Peoples Community Bank Attn: Bankruptcy P.O. Box 5149 Cresaptown, MD 21505

First Peoples Community FCU PO Box 5524 Cresaptown, MD 21505-5524

Patriot Federal Credit Union Attn: Bankruptcy 800 Wayne Avenue Chambersburg, PA 17201

Synchrony Bank Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060 Wyndham Vacation Ownership Attn: Bankruptcy P.O. Box 98940 Las Vega, NV 89139

Wyndham Vacation Ownership 10750 W. Charleston Blvd. Suite 130 Las Vegas, NV 89135